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ABSTRACT

Forty representative learning disabilities specialists from 19 states met to discuss ways of improving the diagnosis, remediation, and counseling of adults with learning disabilities. First, the activities of the Jones Learning Center at the University of the Ozarks regarding diagnosing and mainstreaming college students with learning disabilities were recounted. Next, participants developed a five-point definition of the term "learning disability." At the next day's morning session, conference members split into groups and developed historical time lines of major trends in diagnosing learning disabilities during the past 5 decades and milestones in research or treatment of learning disabilities since the 1920s. In the afternoon, participants discussed coping, compensation, and programs. Small group exercises were held in which participants assumed the roles of students, teachers, employers, and policymakers. At the closing session, participants shared their own experiences in diagnosing and treating adults with learning disabilities. A resolution urging the U.S. Department of Education to establish, fund, and coordinate a formal national policy for lifelong learning needs and education of adults with learning disabilities and an action agenda were formulated. (MN)

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DRAFT

ED 368 857

Learning Enhancement For Adults With Disabilities

LEAD 2000 Congress Proceedings

National Institute For Literacy
January 29-31, 1993
Little Rock, Arkansas

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University of the Ozarks
415 College Avenue Clarksville, Arkansas 72830

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University of the Ozarks
Arkansas

DRAFT

May 24, 1993

To the Participants in the LEAD 2000 Congress:

The proceedings of the LEAD 2000 conference held in Little Rock should validate the participants' comments regarding the success of the congress.

As was expressed at the meeting, the University of the Ozarks, and in particular, the Jones Learning Center, was pleased to host those dedicated persons who attended the congress. We trust that the experience was well worth your time.

We are most optimistic that the results of the conference will have an impact on future developments in the field of learning disabilities. The three areas identified as needing immediate attention were a standard evaluation instrument, a nationally recognized clearinghouse, and a national training center.

Our hope is that the enthusiasm displayed at the congress can be carried through to the initiation of these projects.

Again, we appreciate your attendance and participation at the LEAD 2000 event.

Sincerely,

Gene Stephenson

Gene Stephenson, Ph.D.
President

pw

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Malcolm C. Young
Executive Director

Marc Mauer
Assistant Director

20 May 1991

Carolyn Whitson, Ph.D., Vice President
Institutional Advancement
University of the Ozarks
415 College Avenue
Clarksville, Arkansas 72830

Dear Dr. Whitson:

After reviewing the materials sent me about LEAD 2000, I want to comment on those aspects of the project which affect our professional interests: sentencing and the criminal justice system, and alternatives to incarceration.

For a number of years, I have been involved as a lawyer and a professional in criminal justice and sentencing issues. However, it is only recently that I have become aware of the disproportionate number of persons within the system who are learning-disabled. Based upon observations, instructions from professionals in the educational field, and a review of some literature, I believe that a significant portion of the criminal population is involved in crimes because of learning disabilities, and that another significant portion is sentenced more severely as an indirect, if not direct, result of its learning disabilities.

I also believe that few people within the criminal court system are particularly sensitive to the problems of the learning-disabled, and few are skilled at identifying, properly referring, and adequately representing the learning-disabled either on the issue of guilt or at sentencing.

I know of no state criminal statutes that make specific, particular reference to considerations to be given to learning-disabled. Statutes do recognize and courts are required to make special considerations for disabilities due to language limitations and impairments such as deafness. Specific provisions don't appear to exist for the learning-disabled.

Insofar as project LEAD 2000 will increase the public awareness of learning disabilities, and help persons including criminal justice professionals better identify those who are learning-disabled, we would certainly endorse the project's goals and

objectives. If LEAD 2000 can add more knowledge about skills enhancement activities and programs of remediation, then it should also contribute greatly to sentencing advocacy and increased use of alternatives to incarceration for persons suffering from learning disabilities.

For these reasons I write to express the hope that your project will move ahead towards its goal. Please, do let us know if we can be of assistance, or if we can make any contributions to your work.

Sincerely,

Malcolm C. Young

phg

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Sam M. Walton
Chairman of the Board
(501) 273-4210

October 18, 1991

Secretary Lamar Alexander
Department of Education
400 Maryland Avenue SW
Washington, DC 20202

Dear Lamar:

As a businessman, I am frequently reminded of the crucial role education plays in America's economic health. We must develop our country economically with the most educated workforce we can produce. If we fail in that regard, I think we will fail as a country and fall to a second or third class status.

I believe that LEAD 2000 is a valuable approach to providing that education workforce. If the millions of Americans who struggle with learning disabilities can be diagnosed and remediated, we will have made great strides toward assuring America's economic future.

Recently, I attended the closing ceremonies of a summer institute conducted by the Jones Learning Center of the University of the Ozarks to help teachers work with the learning disabled. I was most impressed by the quality of the work they are doing and by the impact they are certain to have through LEAD 2000.

Please give this project your full support.

Very truly yours,

Sam W.
Sam M. Walton

SMW/bcc

Lamar —
They do have a real Good program for the learning disabled at the Un. V. of Ozarks. I do hope we can set up a visit for you to this area as discussed, so we can review your educational Goals. We'll certainly do what we can to help.
Will be in touch. Thanks.
Sam. W.

STATE OF ARKANSAS
OFFICE OF THE GOVERNOR
State Capitol
Little Rock 72201

Bill Clinton
Governor

July 25, 1991

The Honorable Lamar Alexander
Secretary of Education
United States Department of Education
400 Maryland Avenue, SW, Room 3077
Washington, DC 20202

Dear Lamar:

Because I know you share my belief that America's future is only as strong as the education of our people, I am writing to make you aware of a program addressing a serious educational problem.

Since a major cause of illiteracy is undiagnosed or ineffectively remediated learning disabilities (LD), an ambitious effort has been mounted to improve education for the learning disabled in the remaining years of this decade. The immediate goal of LEAD 2000 (Learning Enhancement for Adults with Disabilities) is to improve the resources available to the learning disabled and the professionals who serve them.

Enclosed is a brief summary of LEAD 2000 as well as a detailed description of the project. As the letters in Appendix II of the proposal indicate, support for LEAD 2000 among LD professionals is widespread and enthusiastic.

To expand this work, Congress is proposing an appropriation for a national center for the study of learning disabilities at the University of the Ozarks. I hope you will give it your full support.

Sincerely,

Bill Clinton

Bill Clinton

BC:kvl:jr

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STATEMENT OF PURPOSE

The LEAD 2000 Congress met at the historic Capitol Hotel in Little Rock, Arkansas on January 29, 30, 31 of 1993. The purpose of this conference was to address the need for better diagnosis and strategies of remediation for the adult learning disabled as a general segment of the American population. An acronym for Learning Enhancement for Adults with Disabilities, LEAD 2000 is a federally funded project and involves participants who deal with the problems and issues of the adult learning disabled, from throughout the United States.

LEAD 2000 grew out of increasing demands upon the Jones Learning Center of the University of the Ozarks, Clarksville, Arkansas. These demands include an inundation of requests from learning disabled college and university students for testing, as well as the recognition by educators from all over the country of the scarcity of qualified diagnostic centers.

Furthermore, there has been increased recognition of the fact that many learning disabled adults have never been, nor will they ever be, diagnosed or helped. Performing below their capabilities, many of these individuals are becoming social and economic liabilities to themselves, their families, and the state and federal governments.

Therefore, the purpose of LEAD 2000 was to assemble representative LD specialists in order to discuss LD problems of diagnosis, remediation and counseling. The outcome of LEAD 2000 should be <u>action</u>--the development of a model for designing a more effective diagnostic instrument for adults; in short, uniformity and efficiency of diagnosis and remediation.

The following specific Project Objectives were stated in the LEAD 2000 Proposal:

1. To set an agenda for addressing the needs of learning-disabled adults.

2. To increase the ability of those who work with learning-disabled adults to identify, assist, and counsel those whose performance is inadequate.

3. To enhance understanding of the nature of and best intervention strategies to overcome learning disabilities.

4. To strengthen access to services and advances in the field to non-urban and minority populations.

5. To improve learning disabilities services for adults in the work place, military, prisons, welfare agencies, Job Corps, and literacy programs.

6. To achieve a greater understanding of the perceptual and cognitive dysfunctions underlying marginal performance by learning-disabled adults.

7. To review current diagnostic procedures to establish the necessary research for the development of an objective, highly reliable, computer-based instrument for adults.

PARTICIPANTS

Participants in LEAD 2000 CONGRESS were chosen from a wide geographical and professional cross-section. Forty key people directly involved with services to learning disabled adults were invited to attend the conference. Included were advocates for minorities, diagnosticians, leaders in public and private education, state and federal administrators, and remedial/therapeutic specialists. The following persons attended LEAD 2000 CONGRESS:

Ms. Linda Andresen
Staff Development Coordinator
RESA III
Dunbar, WV 25064

Ms. Joan Auchter
Director of Test Development
American Council on Education
Washington, DC 20036-1163

Dr. Kevin Blake
Pima Counseling Center
Tucson, AZ 85712

Dr. Norman Brier
Associate Clinical Professor of Pediatrics and Psychiatry
Albert Einstein College of Medicine
Bronx, NY 10461

Dr. Richard Cooper
Learning Disabilities Consultants
Bryn Mawr, PA 19010

Mr. Robert Crawford
President, Life Development Institute
National Board Member, Learning Disabilities Association
Phoenix, AZ 85006

Dr. Jean Fleischner
Department of Special Education
Teachers College, Columbia University
New York, NY 10000

Ms. Brenda J. Glass
Department of Corrections/Department of Education
New Port Richey, FL 34652

Dr. Blanche Glimps
Professor of Education
Marygrove College
Detroit, MI 48221-2599

Ms. Susan Green
National Institute for Literacy
Washington, DC 20202

Dr. Patricia Hardman
CEO, Dyslexia Research Institute, Inc.
Tallahassee, FL 32308

Dr. Doris Johnson
Professor of Learning Disabilities
Northwestern University
Evanston, IL 60208-3560

Dr. Rose Kellerman
Director of Assessment
Vanguard Academy
Lake Wales, FL 33853

Ms. Carolyn Buell Kidder
Reading Disabilities Specialist
Cambridge, MA 02139-1745

Ms. Sandra Koehler
Instructional Resource Consultant
Adult Learning Resource Center
Des Plaines, IL 60618

Mr. William R. Langner
Educational Program Specialist
U.S. Department of Education
Washington, DC 20024

Ms. Justine Maloney
Board of Directors, Learning Disabilities Association
Arlington, VA 22201

Ms. Sylvia G. McCollum
Education Administrator, Federal Bureau of Prisons
Washington, DC 20534

Mr. Rick McIntosh
Manager, Program Development and Training
The Literacy Initiative
Columbus, Ohio 43215

Mr. Jim Parker
National Coordinator, The Adult Education for
the Homeless Program
U.S. Department of Education
Washington, DC 20024

Ms. Nancie Payne
Vice President, National Association for Adults
with Special Learning Needs
Olympia, WA 98501-8212

The Honorable Carolyn Pollan
Member, Arkansas House of Representatives
Fort Smith, AR 72901

Dr. Linda Reiten
University of Mary
Bismarck, ND 58504

Ms. Phyllis L. Rich
Adult Education Director of Nevada
Carson City, NV 89701

Dr. Betty Robinson
Professor of Special Education
University of the Ozarks
Clarksville, AR 72830

Dr. Josef Sanders
Modern Education Corporation
Tulsa, OK 74101

Dr. Ron Schopper
Research Specialist
Morgantown, WV 26505

Ms. Mary Ann Shope
Coordinator, Workplace Skills Enhancement Program
University of Arkansas at Little Rock
Little Rock, AR 72204

Dr. John Slate
Associate Professor
Arkansas State University
Jonesboro, AR 72467-0940

Dr. Richard Stiles
Adult Literacy Coordinator
Department of Education
Sacramento, CA 95814

Mr. Barry A. Tronstad
Principal, Ventura Adult Education
Ventura, CA 93003

Dr. Laura Weisel
Manager, Community of Mental Health System Development
Ohio Department of Mental Health
Columbus, OH 43216-1235

Ms. Susan Westberry
Supervisor, BEST Adult Education Program
Maury County Board of Education
Columbia, TN 38401

Ms. Laura Wilcox
Garnet Learning Center
Charleston, WV 25301

Dr. George Yard
Department of Behavioral Studies
University of Missouri
St. Louis, MO 63121

Mr. Glenn P. Young
Board Member, Washington Coalition of Citizens
with Disabilities
Seattle, WA 98103

In addition, the following observers from the Jones Learning Center attended the conference:

Mr. Greg Clinebell, Learning Disabilities Assistant

Mr. Jeff Debuhr, Coordinator

Mr. Oscar Gomez, Diagnostic Specialist

Ms. Helen Hoeffer, Coordinator

Ms. Susan Hurley, Director of Jones Learning Center

Mr. E. W. Newlin, Director of Assessment

Ms. Kathy Sexton, Coordinator

I. INTRODUCTION

The Congress began with an introductory session on Friday, January 29, 1993 at 3:00 p.m. This session was led by Vice President for Academic Affairs for the University of the Ozarks and Interim Project Director Dr. Judy P. Alexander.

Giving background information about the project, Dr. Alexander stated that the National Institute for Literacy has made as a priority the special literacy needs of individuals with learning disabilities and individuals with limited English proficiency. Under that priority the University of the Ozarks applied for and received funding for the project.

Dr. Alexander explained that the Jones Learning Center at the University of the Ozarks has been successfully diagnosing and mainstreaming college students with learning disabilities for over twenty years. As a result of the center's successes, the Jones Center educators decided to organize and to reach out and serve as a training program for other institutions, with input from other professionals in the field. This desire to serve, along with the need for input from others eventually led to the proposal of LEAD 2000.

Dr. Alexander further stated that the Congress portion of LEAD 2000 was intended to be exploratory--an exchange of ideas among experts concerning the current state of knowledge and research, as well as an attempt to develop a consensus of what action should be taken in the future.

II. DEFINITIONS AND DEMOGRAPHICS

Dr. Doris Johnson, Professor of Education at Northwestern University, served as moderator for this session. She began by stating that educators have been working on a definition for the term "learning disabilities" for at least thirty years. She spoke of historical attempts to define and categorize people with learning problems, as well as attempts to "come up with a term that was more homogenous."

Dr. Johnson referred to proceedings from the Association for Children with Learning Disabilities Conference in 1963, at which Dr. Samuel Kirk first suggested the use of the term "learning disability." Johnson opened the discussion by asking for a definition of this term.

For the next hour, the group struggled with the assignment of developing an accepted, universal definition of the term "learning disability." Several issues were discussed, including specific points about which there was general agreement.

- One of the biggest problems is the incorrect assumption that all learning disabilities are alike.

- All learning disabled students have learning styles that differ from one another.

- Adults learn differently than children.

- Both learning styles and instructional approaches must be considered in a definition.

- Adult education is in a state of crisis; only about $200. per person is spent nationally. There is no coordination for rehabilitation, special education, etc. There is no unified system for adult education.

- Learning disabled adults have unexpected areas of under-achievement that cannot be explained on the basis of their lack of opportunity to master those areas and in light of other areas in which they have achieved.

- The Americans with Disabilities Act definition of disability is something that "impacts on a major life function."

- It is sometimes difficult to separate the issues of poverty from learning disabilities.

- We need to look at the complete person even though we are looking at a specific learning disability.

- There is some homogeneity. There are some characteristics similar in individuals with learning disabilities.

- One of the simplest definitions is the following: If you say that you are learning disabled, then you are.

- The homogeneity issue should be seen in terms of dysfunctional perceptual processes.

- Is there really a unique subset of under-achievers or low-achievers that can be identified as learning disabled?

- We do not have adequate language to differentiate adult types of learning from adolescent types of learning.

- Although definitions have to do with inclusion, they also serve the purpose of exclusion, thus providing other barriers to services.

- Does a definition for "adult learning disabilities" have to focus solely on illiteracy or is illiteracy one subset of the problems of the adult with learning disabilities?

- This conference will focus on literacy only as a subset of the larger problems that those with learning disabilities have. "Literacy" must be defined in order to define "learning disability."

- "Literacy" can be defined as "an individual's ability to read or write or speak in English or compute and solve problems at levels of proficiency necessary to function in society, to develop one's potential and one's goals.

- Where is the line between learning disabilities and mental retardation? Is there a line? How do we deal with that in definitional terms?

- We do not know how many learning disabled adults are in this country. We do not know how many are undiagnosed.

- We should think of defining learning disabilities in terms related to the services and accommodations necessary for those individuals to achieve the personal goals which are in the range of their abilities.

- Also pressing is the issue of identifying learning disabilities in a group of adults who did not receive appropriate services during childhood.

*****

After a brief intermission, Dr. Alexander reconvened the group and requested that they attempt to answer questions previously outlined for Session 1:

1) Is there a consensus on the definition of learning disability?

2) Is a consensus necessary before proceeding further?

3) Who are the learning disabled adults?

4) How many are there?

5) Where are they?

6) What other demographic issues are significant?

The group agreed to accept the definition of literacy from the Adult Education Act; some added that the importance of this definition is that it gives a basis in legislation. One stated, "as you define, so you measure."

But a broader definition of "literacy" includes the basic skills critical to success in speaking, listening, writing and communicating in general. A definition of "literacy" is critical as specialists move ahead with the Adult Education Act in various programs.

A caution was raised that "illiteracy" and "learning disabilities" are not synonymous terms. Whereas some characteristics overlap, the definition of "literacy/illiteracy" and the definition of "learning disabled adults" must be considered as separate but related.

This definition of "literacy" has a positive impact upon people who consider themselves illiterate, because it deals with levels of proficiency, not ability. If "learning disability" is defined similarly, it will have much the same impact upon people.

Dr. Johnson returned to the notion of class inclusion. "Literacy is a category of behaviors," whereas "learning disabilities" can be defined in terms of "who is in the box and who is out."

A variety of responses ensued:

- The term "learning disabilities" does not refer to mental retardation. It is not due to "substandard" IQ.
- In psychiatric terms, it is not a low achievement or lack of expectation due to a mental disorder.
- Adult LD can be seen in terms of unexpected failure to learn.
- Although issues of race, class, and economic status have enormous impact upon what is considered "expectation" in learning, these factors are not considered learning disabilities.
- A learning disability is a neurological dysfunction, an intrinsic characteristic that affects the student's ability to learn. Frequently, an individual with a learning disability can be diagnosed through science and technology; sometimes not. So the neurological dysfunction may be only presumed.

-One intrinsic neurological deficit is visual perceptual memory. This affects the adult with learning disabilities in literacy because he cannot remember what a word looks like, cannot spell or decode it.

- It is necessary to look not only at the definition but also at the intervention teachers should be using, because we delude teachers into trying to do learning disability types of intervention with people who are culturally different or speak a language other than English.

Dr. Johnson stressed the fact that "learning disabilities" is not synonymous with "under-achievement." She asked the group to compile a definition of the term "adult learning disability." They agreed on the following points:

1) Lack of achievement of life's goals from an adult standpoint.

2) Intrinsic rather than extrinsic.

3) Unexpected levels of performance and variation of levels of performance.

4) A heterogeneous population with difficulties in reading, writing, computation, and oral language.

5) Academic as well as social difficulties. (Can include critical thinking skills, social skills, and employment issues.)

The group agreed to avoid the term "problem" in the definition, because the term "disability" shows significant interference in achieving life's goals.

The term "intrinsic" is frequently preferred over "neurological," because often these problems do not show up on EEG's and other tests.

The group agreed that there is a difference between screening and diagnosis, saying that the specialist screens for tendencies, or for the generic category, and then fine tunes that with the diagnosis. The group also agreed that there is such heterogeneity that there are no clear cut markers or characteristics. Intelligence can be used as one marker; reading comprehension is another.

In defining what unexpected levels of performance might be for adults with learning disabilities, Dr. Norman Brier, Associate Professor at the Albert Einstein College of Medicine, suggested using "applied or functional academics as one polarity and at the other polarity either intelligence and/or a subset of strengths or some combination thereof. And then what is unexpected is that there's a discrepancy between those two polarities."

Some participants objected to the use of IQ tests, saying that dyslexics and foreigners are at great disadvantage. Dr. Patricia Hardman, Director of the Dyslexia Research Institute, added that dyslexic individuals lose 20 to 30 points in IQ scores from childhood to adulthood. Or adults who have been away from school for a number of years may not score accurately on IQ tests.

The Congress agreed on several points regarding characteristics of individuals with learning disabilities. First, those with learning disabilities are not primarily globally retarded. Second, there appears to be a genetic link and therefore the condition seems to be multi-generational. Also, there was substantial discussion about learning disabilities and social condition. While the group agreed that one's social condition may influence the probability of having a learning disability, there was disagreement regarding whether social condition was itself a characteristic of learning disabilities. Some participants argued that identical social characteristics may be found in children and adults from both poor and wealthy environments and thus are not directly indicative of learning disabilities. Others argued that poverty and lack of access to appropriate education were often not the cause, but a symptom of learning disabilities.

In regards to testing, what is effective and accurate? Dr. Ron Schopper, former Director of Research at the Jones Learning Center, suggested, "something that can be administered efficiently,

cheaply, and objectively....a series of neuro-diagnostic tests....put on lap top. Put them in the clinics, and you have a shot at being very objective and getting at the intrinsic deficits." If learning disabilities are intrinsic, specialists can test in "a very objective, very consistent way. If there is something wrong inside the individual's brain that is not letting them process information, with today's technology, that can be assessed."

In closing the discussion, Dr. Alexander read the definition from the National Joint Committee on Learning Disabilities:

"Learning disabilities is a general term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning and mathematic ability. These disorders are intrinsic to the individual, presumed to be due to central nervous system dysfunction and many occur across the life spans.

"Problems in self-regulatory behaviors, social perception and social interaction may exist with learning disabilities, but do not by themselves constitute a learning disability. Although learning disabilities may occur concurrently with other handicapping conditions, for example, sensory impairment, mental retardation, serious emotional disturbance or with extrinsic influences such as cultural differences, insufficient or inappropriate instruction, they are not the result of these conditions or influences."

Dr. Alexander then asked, "Is there consensus in this group on that definition?"

Dr. Johnson indicated that the most difficult part is the application of that definition to adults, and added, "Many problems with definition that were raised in this session have to do with applied problem-solving and things related to the context in which the learning disabled person lives."

The session adjourned at 5:00 p.m.

III. DIAGNOSIS

The LEAD 2000 Congress reconvened on Saturday, January 30, 1993 at 8:35 a.m. and was chaired by Dr. Laura Weisel, Manager, Community of Mental Health System Development, Ohio Department of Mental Health.

Dr. Weisel chose to divide the large group into several smaller ones, instructing them to look at past historical achievements in the assessment of learning disabilities. She stated that by acknowledging the past the group could then move forward collectively toward predicting future trends. She added that she wanted the group to fashion a "unified acknowledgement of where we've been, what are the trends, so that we don't create another box, but learn from it in building a new paradigm."

Dr. Weisel asked each group of five or more individuals to draw a time line, listing assessment trends or "key markers: significant events, milestones, highlights, activities about assessment."

Members of the conference split into separate groups and reconvened thirty minutes later. The first group to present its historical time line was led by The Literacy Initiative Manager of Program Development and Training, Rick McIntosh, who disclosed the following outline:

During 1950's--

- I. Q. testing versus achievement scores, standard for labeling a person "learning disabled"
- Cultural bias in the identification of the learning disabled, a pertinent issue

During the 1960's--

- Jensen Report, "racial superiority"
- Civil Rights Act, precursor to several federal acts
- UPI Study (better schools project)
- Introduction of term "learning disabilities"
- ITPA (Illinois Test Psycho-linguistic Ability)
- The National Assessment

During the 1970's--

- Precision Measurement (a behavioral measures assessment that used a linear model)
- The Wepman Measurement
- Vision and hearing function screens introduced into learning disabilities assessment
- Rehabilitation Act of 1973, revised in 1976
- Public Law 94-142 (the education for all handicapped children act)
- The London Procedure (movement toward non-clinicians diagnosing, and concept of screening devices versus actual diagnostic devices)
- The Woodcock Johnson Psycho-educational Battery
- IQ tests abandoned in some states and in federal prison system

During the 1980's--

- Concepts of vision therapy and vision screening to distinguish learning disabilities from other difficulties
- Recognition of adults having learning disabilities
- Expansion of Adult Education Act
- Jobs Legislation
- Job training programs (support in an employment environment)
- Expanded cultural awareness into adult and learning disabilities education
- Learning disabilities programs less clinical and more functional
- Federal corrections program made mandatory literacy a standard; learning disabilities specialists hired
- Re-education of reading specialists who did not believe in existence of learning disabilities
- Collaboration and cooperation emphasized by both federal and local governments
- Development of competency-based life skills assessments
- The introduction of the PET scan or the MRI, to look at the concepts of diagnostic work

During the 1990's--

- English as a Second Language and learning disabilities became an issue
- Americans with Disabilities Act introduced

- National Literacy Act and Work Place Literacy looking at concept of LD adults in work place
- Computer-based assessments
- The IDEA (Individuals with Disabilities Education Act) enacted
- Mandatory Transitional Planning enacted

Next, Ms. Carolyn Kidder, reading disabilities specialist, presented her group's time line in terms of milestones in research or treatment of learning disabilities:

- In the 1920's dyslexia as a neurological problem identified by Dr. Samuel Orton at Massachusetts General Hospital.
- In 1949 the Orton Dyslexia Society (a parent and professional organization to promote research and information dissemination) founded.
- In 1963 Learning Disabilities Association founded; attention usually given only to children K-8; widespread belief that learning disabilities outgrown.
- In late 1960's adults admitted to some classes at Massachusetts General Reading Clinic for Dyslexics, using Orton-Gillingham methods.
- In 1970-71 first colleges addressed learning disabilities problems in students.
- In 1979 discovery that Orton was correct; cellular anomalies and disorganization of the left temporal lobe of people with reading problems discovered. (Subsequent brain dissections found cellular differences; extremely liberating for the whole field of dyslexia because supported Orton's theories. Critical, because researchers could not obtain hard physiological evidence of neurological impairment by means of EKG or any neurological tool of a medical nature.)

Ms. Justine Maloney, Learning Disabilities Association Board of Directors member, presented her group's discussion, largely in terms of testing:

- Neurological damage assessed as far back as the Civil War and the work of Broca.
- In the 1950's experimental testing by Frank Wren (whose assessments were incorrectly taken as definitive answers).
- In 1963 specific term "learning disability" created.

- In '70's a shift from clinicians trying to assess those with learning disabilities to schools trying to absorb them.
- Realization that learning disabilities are not outgrown brought about accommodative services, academics in colleges, vocational rehabilitation and job training partnerships.
- Adult Education Act of the Vocational Rehabilitation Act included "learning disability" as a "disability" and as a "functional disability," which could be served.
- In 1975 Public Law 94-142 provided education for all children; set up evaluation of children (but not necessarily adults).
- After Department of Education created, problem of how children with learning disabilities to be served assumed new stature.
- Other learning disabilities services have resulted from the Adult Education Act, Adults with Disabilities Act, and National Literacy.

Last, Dr. Norman Brier presented his group's discussion, largely in terms of legal assessment and definition:

- Initially the focus of law was on elementary school children; this emphasis moved to adolescent, to pre-school, and then to adult.
- The purpose of assessment was addressed--Is formal or informal assessment more significant? What should be assessed? What should the focus be?

Next, Dr. Weisel assigned the conference to break into their smaller groups again, this time discussing future trends. She indicated that each group should identify what they consider to be the top three trends and their impact. The resulting information was presented to the larger group.

Mr. McIntosh represented his section, which focused on frustrations that they deal with:

- A lack of dissemination of information. Practices occurring in Washington, Oregon and Ohio are not shared. A clearinghouse or some efficient means of sharing information needs to be created.

- A lack of resources (money, training, personnel), resulting in some of the most difficult students being served by the least trained--volunteers.
- A lack of learning disabilities assessment techniques for teachers who need them.
- Issues of confidentiality.
- A need for educators to take responsibility for helping learning disabled students become self-advocates to receive the kind of testing and training they need.
- The cost of assessments and of getting services for people with learning disabilities.
- The continual cultural and racial biases of some assessments and services.

Of these negative trends, Mr. McIntosh's group condensed information into three top trends:

1. "There need to be comprehensive integrated programs that include a vocational training component, academic component and assessment component, a remediation component and then a transitional component so that we're taking a person from beginning to end."
2. "There is now a major awareness of the need for accessible assessments tied to remediation and accommodations."
3. "Lay persons are now doing more of the quick screening, so lay persons are more involved in the field."

Mr. McIntosh added his "hope that there's an increased awareness in possible funding from the Executive branch based on some of the things he talked about in his campaign--President Clinton--about re-tooling, retraining the work force with Robert Reich and his thoughts on training."

Ms. Kidder's group likewise included frustrations, as well as suggestions:

- Formal assessment is expensive. "It's a Catch 22. You need funding to give the formal assessments, which you don't have. Yet, you need the formal assessments so the funders will fund you to provide services for the LD client."

- Formal assessments are too time-consuming and teachers do not agree on the testing instruments to be used.
- In terms of informal screening, there are no effective simple assessments. The informal assessments available are not normed.
- Information on latest developments is not well disseminated.
- Psychologists need to give concrete suggestions on how to translate a diagnosis into remedial techniques. (Many teachers and tutors do not have training to make that translation.)
- Every adult entering literacy centers should be screened for learning disabilities; ideally, they should be screened for hearing loss and vision problems, also.
- The conflict between schools over money results in lack of assessment where it is needed.
- Development money goes almost exclusively from the government to universities, rather than directly to adult literacy programs or the public schools.

This group then focused on four major positive trends:

1. Computerization of assessment techniques. (For example, Carolyn Pollan's computerized and normed assessment in Arkansas.)
2. Learning disabilities specialists or consultants being hired to provide specialized advice and support.
3. Adults entering a literacy center being screened for learning disabilities.
4. The implementation of a self-directed individual adult learning plan in which adults are in charge of individualizing services in the literacy center for themselves.

Ms. Joan Auchter, Director of Test Development, American Council of Education, presented her group's list of frustrations:

- Lack of definition due to a lack of recognition and acceptance of the field of adult education.

- Lack of communication among educators and professionals who do the neurological screening. The diagnostician and the instructor need to work together.
- Literacy professionals are not allowed to spend money where and how it is needed. Politicians appropriate money without consulting professionals--who need a unified political voice.
- Both the issue of learning disabilities as a subset of literacy and the issue of the civil rights of the learning disabled adult need to be recognized and addressed.
- We need a "Wal-Mart assessment....a one test fits all." (A single valuative program so that client does not have to be re-evaluated by/for each program for which he/she applies.)

Then Ms. Auchter presented the group's list of trends:

1. A change in assessment, getting away from neurological assessment in favor of portfolio or informal assessment. Movement toward a transdisciplinary team (neurologist and instructor) approach.
2. Greater recognition and awareness of adult learning disabilities, but no increased funding for implementation of services.
3. Movement toward computerized assessment. (Yet some learning disabled adults may have difficulty working in that environment.)

Next, Dr. Brier presented his group's list of frustrations:

- Inability of teachers to interpret test results and use them effectively to assist learning disabled clients.
- Many tests lacking a criterion-oriented focus to link testing to intervention.
- Lack of money for assessment.
- Inability to communicate with the client what the tests mean; imprecise language confuses client about assessment.
- Refusal of some people to accept LD as a real diagnosis.
- Mismatch in the language of the instruments and the language of the curriculum.
- Use of severity as the only criterion in diagnosis.

- Different criteria and different eligibility requirements used across agencies.
- Shortage of tests in certain areas, so people tend to test only what they are familiar with.
- Tendency to leap too rapidly from test findings to conclusions.

This group discussed the following three major trends:

1. The use of assessment with adults to exclude rather than to include. The use of screening approaches rather than diagnostic approaches.
2. The use of computers. Not all adults may be able to use this approach, and some areas of importance may be ignored.
3. An increase in psychometrically sound instruments, an increase in the use of operational definitions, and an increase in the use of criterion reference tests.

In closing this portion of this session, Dr. Weisel discussed trends that she has observed:

1. Empowerment. Placing value on the individual. The persons with learning disabilities "are the experts of who they are, how they live, and how they learn."
2. Customer service and learner outcome. Policy makers and funders are concerned about the high drop-out rate in literacy programs and are looking at the learners not "as a unit of service but as individuals" for whom we provide a service.
3. Community support. Looking holistically at formal processes, such as how policies are developed by organizations to service individuals, and informally, such as how important families and community networks are in supporting adult learners and in helping them achieve.

As a final assignment, Dr. Weisel asked the entire group to consider the following questions. "In one or two words, what is your vision of assessment in the year 2000? What do you think it should be? What do you want it to be?"

Individual responses follow:

- Transdisciplinary
- A valid instrument
- Used by holistically trained persons
- Star Trek clients (Run them through an assessment machine that will analyze everything.)
- Universal kindergarten screening
- Easily administered
- Leads to services
- Self-directing, diagnostic, descriptive
- Easily accessible
- Accepted, available, affordable, and covered by medical insurance
- Technological
- Virtual reality and real life
- Strength-based model
- Adaptive performance measure
- Uniform and standardized
- Wider ranged screening
- Assessment that leads to services that lead to outcomes
- Universal in adult literacy program
- Teacher administered
- Expected components of NHSS (National Human Services System)
- Simply computer based
- Free of racial and cultural bias
- Established for presenting needs
- Intensity of service
- Applicable to life
- Data base (and informal data)
- Comprehensive and multi-stage
- Meets learner's self-stated goals
- Does not expire in three to five years

IV. COPING, COMPENSATION, AND PROGRAMS

The moderators for this 2:00 p.m. session were Dr. Richard Stiles, Adult Literacy Coordinator, California Department of Education and Ms. Nancie Payne, Vice President, National Association for Adults with Special Learning Needs. After briefly reviewing the context of the conference thus far, Dr. Stiles announced that the afternoon session was concerned with "What do we look at? What is the content?"

"The most powerful reinforcer for any kind of learning...is knowledge of results....Knowledge of results has to be meaningful to the person that is to receive it and then process that information so that it is worth something."

Dr. Stiles made additional points in his introductory remarks:

- Test results, however looked at, are just pieces of information. Why we collect it, how we collect it and what we do with it are of critical importance.

- The timing of feedback of test results is critical to learners in terms of how they internalize and use it. Teachers or informers must have sufficient time to give feedback, while learners must be receptive, with feedback being understandable to them, in their points of reference, and at their pace. Teachers must be able to make these kinds of accommodations to be effective.

Ms. Payne added that the following questions would be pared down to concentrate on the most important ideas:

1) How can employers be enlisted to assist in making adjustments to help learning disabled adults cope in the workplace?

2) What on-the-job services are needed to improve literacy rates among learning disabled adults?

3) How can we build effective programs to meet the needs of the learning disabled adult population?

4) What definitions are needed before disability-specific programs can be structured?

5) What delivery systems must be facilitated before programs can effectively reach the targeted populations?

The first question refers to the employer, but Ms. Payne and Dr. Stiles wanted to concentrate more on what the learner needs so that he/she can be successful.

Ms. Payne made the following points:

- "What steps need to happen in between? What assessment information do we need to build the right process so that the individual can be effective?"

- "Most employers only want to generalize with us that the goal is some level of self-sufficiency and some appropriate training or some level of employment."

- Persons who have literacy needs, as well as the learning disabled, have to be able to advocate for themselves.

- Often we are trapped into continuing the cycle of providing the accommodation without the explanation, without the facilitation that helps the student move on to the next level of greater self-sufficiency.

- "What would the assessment contain or what elements will it have that allows us to do the prescriptive things we need to do; that allows the student to understand how those prescriptive things interact with their learning process in our classrooms or in the literacy program or at the next juncture; and how do we convey that information if we are working with it literacy-wise to the next juncture? What is the next juncture, and how do we get those individuals to participate and to buy in and to understand where we are coming from?"

- "As an employer, it is important to me to have a productive and effective worker, who understands safety hazards and can critically think. This employee will have to show me how to accommodate his or her learning disability; otherwise, I will be on the defensive or at a loss."

Dr. Stiles added his views:

- Looking at all of the information we need about the learner and the learning process, often we find that we do not have time left to teach. Teaching and testing must be "seamless"--totally integrated such that each builds on the other in enabling lifelong adult learning to be established.

- We are remiss in giving students information about their way of learning; with this information they can make their own independent accommodations and be better able to market themselves to those who can thus provide access to where they desire to be--school, the workplace--thus becoming independent learners and workers--productive, efficient and safe.

- We have much information that the teacher needs to know; it would be helpful to specify pieces of knowledge that are most essential.

- In addition, we must keep in mind those people who pay the bills--the policy makers and the general public, who vote for certain initiatives. What information do they need to know?

Then Dr. Stiles asked the group to consider the following question:

"What does the assessment need to include in order to prepare the student in literacy programs for the next step? That next step could be a higher level of literacy training. It could be employment training. It could be on the job, to maintain that job or go to a higher level of employment or education."

The participants of the conference divided into four groups. Each group, in turn, took on the perspective of students, teachers, employers, and policymakers. Members of each group recorded data as they considered Dr. Stiles' question from four different perspectives.

After the small-group exercise, the conference continued. Representing the students, Ms. Kidder presented that group's findings.

When approached with the idea of taking these tests, as students we need to know the following:

- Why the testing is being done, in very specific terms;
- How the testing will be used, because we fear it will be used as a weapon against us;
- If an employer will be able to see it (because he may be able to find out more than we want him to know);
- What the assessment means in terms of what we can expect in accordance with our life's goals as well as a plan of action coming from the assessment (This would include jobs we are best suited for, what our strengths are in the learning process as well as potential employment.);
- Where do we go to find education and jobs that match our needs as a learning disabled person; we need specific referral lists along with guidance on how to work the system;
- What our diagnosed disability is (explained in clear, jargon-free terms);
- What our rights are;
- How we can appeal the assessment, or get a second opinion, if we disagree with the assessment;
- Who is going to pay for the assessment;
- How the assessment will be scheduled;
- How we may have copies of the assessment in our possession.

Representing teachers, clinicians and service providers, Dr. Richard Cooper (Learning Disabilities Consultants) summarized what these specialists need:

- Staff development (so that they have an understanding of learning disabilities, as well as other disabilities, such as emotional problems, along with cultural differences);
- Specific, jargon-free instruction about the instruments used in assessment (so that they understand what this information is and how to use it);
- An understanding of learning styles and different techniques developed to help those with learning disabilities;
- Information from the assessment about the student's strengths, weaknesses, potentials, goals, competencies (as compared with those qualities of other people with the same goals);
- Collaboration with other teachers, other providers;
- A willingness to change and to adapt to meet the needs of students with learning disabilities (since there is so much turnover in adult education, we need more full-time providers to avoid having to train people over and over again);
- Teamwork (so teachers can experience process and interaction);
- Accountability.

Representing the employer, Dr. Linda Reiten (University of Mary) summarized her group's concerns as questions about three major topics: cost, accommodations, and other.

- What are the advantages to hiring this person?
- What happens if I do not agree?
- Where can I purchase equipment needed to accommodate this person?
- Where can I buy training?
- Is it tax deductible?
- Do I get a tax break for hiring a person with learning disabilities?
- What about cost quality control?
- What is the return for helping out with the disabled?
- What if the union does not agree?
- Can I legally adjust the pay for less than full-time rates of work?

- What kinds of accommodations do I have to make?
- What specific accommodations does this person need?
- Does the assessment tell me about the employee's strengths and weaknesses in language I can understand?
- What about job coaches for those already employed?
- What kind of jargon-free support will I have?
- Is there a hot line for help with this person?
- What kind of staff development is provided for my other employees who are non-disabled but who will be working with this person?

Representing the policymaker, Mr. Robert Crawford (President, Life Development Institute) presented the following information from his group:

- Demographic information is very important.
- Assessment must be a valid instrument with additional material for adults.
- Assessment must offer flexibility.
- Language of assessment must be such that the policymaker or administrator can sell it to constituency to receive funding or continued funding.
- Assessment should be set up efficiently to capture and share information.
- A plan of action should be set up for each person, as well as support services for that person.
- There should be a projection of how long it would take for this person to see improvement.

The conference was adjourned at 4:30 p.m.

V. IMPLICATIONS AND ACTIONS

The LEAD 2000 Congress reconvened on Sunday, January 31, 1993 at 8:30 a.m.; the meeting was opened by Dr. Judy Alexander, Interim Project Director.

Dr. Alexander discussed the advisability of a resolution resulting from the work being done at the conference. She emphasized that written into the University of the Ozarks grant was "the notion of a national congress from which many people could benefit: many different agencies and many different universities. A great deal of what we were about in that grant was to bring this group together so that everyone attending would take away ideas of value, not that the project was something from which the University of the Ozarks singularly would have benefited."

The proposed resolution grew out of a suggestion by Dr. Patricia Hardman and others. At this time, Dr. Hardman presented a draft to the group, which then revised and edited it. (See "LEAD 2000 CONGRESS RESOLUTION," pp. 47-49.)

Next, Dr. Alexander asked Mr. William R. Langner, Educational Program Specialist, Office of Vocation and Adult Education for the United States Department of Education, to lead a discussion of the following issues, along with others "relevant at this point."

1) What are the program implications for meeting the needs of learning disabled adults?

2) What are the financial implications of this literacy effort?

3) How can the needs of learning disabled adults best be met in the next century--research, political action, dissemination of information, funding, creation of services?

Mr. Langner began by saying, "I certainly applaud what has been done the past day and a half here in Little Rock. We may not realize what a mixed group of policymakers, researchers, practitioners, state officials, federal officials, and universities are here. You are a very powerful group addressing the subject of learning disabilities for adults, and you are very much on the cutting edge of massive changes in education in the nation for adults.

"I am not aware that a meeting addressing adults with learning disabilities of this magnitude has been held anywhere else in the United States, so bear in mind that you are making history here."

Mr. Langner then asked that members of the conference contribute their ideas about issues raised.

Ms. Susan Green, National Institute for Literacy:

"The Institute has just had a Presidential established board put into place just before the change in the Administration. What that board has been working on is setting its priorities for the people, and those priorities involve an enormous amount of cooperation at the federal level.

"The Institute supports the National Literacy Act in accordance with the law, and will serve as the hub of a coordinated body for all the literacy objectives in the nation. State resource centers, also set up as a result of the act, will be state and local arms of that network.

"The Institute was created not to be another grant-making agency and not to do what is already being done by a variety of other agencies now. Rather, the Institute was created to do what no other agency can do. By virtue of our interagency funding and support, we see our function as pulling things together in a way that has never been accomplished before, as well as trying to get more resources focused on literacy from every other agency.

"We want to be seen as a group that can solicit support from every other group."

Ms. Sylvia McCollum, Education Administrator of Federal Bureau of Prisons, addressed Ms. Green:

"Since the prisons are frequently in very isolated areas, we are unable to recruit special education teachers or 'experts' in special learning problems. We have over 600 full-time civil service teachers at federal prisons across the United States.

"We have in-service teacher training programs for thirty or so teachers at a time, and we cover many different subjects. The subject of learning disabilities may take only one or two hours.

"Is it possible to envision a mobile local service to the isolated schools--where once or twice a year expert services would be available to help identify problems and recommend programs? Prisons are not the only isolated schools that would benefit.

"By policy, every federal prison is required to have a special education teacher. But we absolutely cannot recruit them. So I would like to focus in the future on delivering LD expert services and/or training to the isolated schools. We are not asking for a free service, for we are able to pay. We just want the services to come to us."

Ms. Justine Maloney, Board of Directors, Learning Disabilities Association (Arlington, VA), also addressed Ms. Green:

"I think that it would be a proper recommendation for the Institute to develop a packet that would be used particularly for adult learners. Since there is no federal mandate to teach adult learners, the Literacy Council should focus on this group. And modern technology should be brought not only into assessment but also into the training of teachers."

Mr. Langner then suggested going around the room clockwise, in order for each person to assess what he/she had learned during the conference, what had been contributed, and in which directions specialists and educators need to go in the future.

Mr. Jim Parker, National Coordinator of the Adult Education for the Homeless Program:

"The National Literacy Act of 1991 established state literacy resource centers. This has tremendous potential. I am hoping that a year from now we will be able to say that the National Institute for Literacy and the state literacy resource centers and all the resources and opportunities have developed. In addition, the states must send at least 10% of their federal adult education act money for staff training--as another provision of the new legislation.

"There is available more money, more potential, more agencies to do these kinds of things than we've ever had before; it is the law. I think in working together all these entities can be successful, and they are on-line now. They can create a network, and it is up to you to see that learning disability is part of the agenda for that network."

Ms. Sandra Koehler, Instructional Resource Consultant, Adult Learning Resource Center (Des Plaines, IL):

"We just completed development of eight Adult Basic Education and English as a Second Language training packets for teachers of literacy for the U. S. Department of Education (Pelavin and Associates). The package is set up with a three-hour training session, in order to teach theory. We demonstrate teaching techniques and give the teachers an opportunity to practice.

"After the teachers implement the program for about a month, we meet again and talk about the implementation.

"The packets were widely field-tested and then were presented to training groups throughout all fifty states and several territories. We had a very positive response to it all."

Mr. Parker added:

"We are hoping that staff training will be on the agenda for national funds every year for many years. And learning disabilities is clearly on the long list. It did not make the short list, because so much would have to go into creating that training packet. There really just was not the time, and at that point, not the money. We hope that it will come about and certainly want you all to be involved in that development."

Ms. Linda Andresen, Staff Development Coordinator, RESA III:

"Assistance to adults is coming from volunteers and adult basic education instructors, who are primarily part-time. Consequently, although staff development has adequate funds to provide training, we do not have a consistent, full-time professional workforce to train. We must have more full-time, fully trained adult education personnel on the front lines if we hope to meet the needs of adults with special needs in the future."

Ms. Mary Ann Shope, Coordinator, Workplace Skills Enhancement Program, Arkansas Institute for Economic Advancement, University of Arkansas at Little Rock:

"I spend approximately 30% of my time with plant managers, business owners, personnel managers, and training managers, helping them set up educational programs in the work place.

"One topic always discussed is the possibility that some employees may have learning disabilities. In general, both labor and management haven't thought about this development, and want more information about learning disabilities and how the educational program will be affected.

"It would be helpful to have a packet of information, written in the language of business, that explain learning disabilities and dispel myths. The information should also target the need for different kinds of learning materials and methods in training programs as well as the topic of pacing and developing learning strategies.

"If we are to ask for additional time and additional materials for an education program in the work place, employers want to be convinced of the need for this extra expense. The packet could help serve as evidence of the need. Even 'testimonials' would be beneficial.

"Business and labor people are not educators. It is our task to provide them with information that will allow them to make the best decisions regarding their educational needs and programs. Learning disabilities simply cannot be overlooked if one wants to be successful."

Dr. Jean Fleischner, Department of Special Education, Teachers College, Columbia University:

"From this conference I have gained an awareness of the impact of my role in training teachers. I have received materials that help me know how to focus my training in terms of training teachers. One part that I would like to be better informed about is the component in the proposal that spoke to having better access to services for my population. I would like to have more people."

Mr. Richard Cooper, Learning Disabilities Consultants (Bryn Mawr, PA):

"One of the things that I take away from this conference is the fact that I am not out there alone doing my thing, that there are many people doing different things and the same thing. And so we are very much in the same stream, although we may be on different sides of the stream."

Dr. Patricia Hardman, CEO, Dyslexia Research Institute, Inc.:

"When we get into the real world, we find as many people falling through the cracks right now as were falling through the cracks before we ever passed 94-142. There is lip service given to learning disabilities at state levels that does not go into practice when we actually deal with the human being.

"With all of the money we spend on technology and all of the money we spend on training, let me remind you why we are doing that--there are human beings involved. Let us not get away from that basic fact.

"Just because a law has been passed, we cannot assume that it will automatically work. We assume that our legislators solve problems when they enact laws, but this is not true. We do not need more laws. We need implementation of the laws we have in order to serve human beings."

Dr. Norman Brier, Associate Clinical Professor of Pediatrics and Psychiatry, Albert Einstein College of Medicine:

"There is a paucity of data as to the psychosocial needs of adults with learning disabilities. Based on the child and adolescent literature, one could speculate that at least 50% of

individuals with learning disabilities have significant psychosocial adjustment difficulties primarily of an internalizing nature, that is comprised of symptoms of anxiety and depression. This is likely to be a low estimate given the lack of organized social structure for these individuals and their concomitant loneliness once they leave school. In developing an evaluation package, a standardized assessment tool needs to be included that can identify psychosocial difficulties. About 50% of youngsters with learning disabilities have significant psychosocial problems."

Dr. Doris Johnson, Professor of Learning Disabilities, Northwestern University:

"I would make a similar point about support groups. We have adults who want and need not only individualized instruction, but also help from each other, their families, and support groups.

"Another point is professional preparation. There are tremendous ranges of sites available that would be useful for people in training to see. Teachers in training need to know about the categories in which they will find students. Some will be in prisons; some will be in higher level graduate programs. Also, until there are more well-trained teachers, it would be very helpful to have mobile units, similar to services for crippled children which went into the rural parts of the state of Illinois years ago.

"My last point is about screening. In addition to reading, writing, and math, there can be rating scales, as have worked with testing children. Some sort of checklist to guide the person giving the test would be in order."

Ms. Joan Auchter, Director of Test Development, GED Testing Service of the American Council on Education:

"One of my jobs is going out to every state and working with GED examiners and teachers. The outcry I hear from them is, 'We need training.' GEDTS is primarily a customer service, not a teacher service. However, we have GED Items which go out bi-monthly to teachers at no charge. If you want to share information, send it to us and it will get into the hands of teachers, state directors and policy makers.

"Because these teachers feel so isolated, they need your research. If you have research on adults with learning

disabilities we need that; we also need policy and decision-making information."

Dr. Kevin Blake, Licensed Psychologist (Tucson, AZ):

"About fifty percent of learning disabled children and adolescents have great difficulty emotionally. I would stress that basic screening for depression in LD adults, is one of the most common problems that is overlooked, even by the mental health community.

"I believe that there is a basic lack of understanding among mental health professionals of the depth of academic, and emotional concerns faced by learning disabled adults. Furthermore, I feel, there is a lack of knowledge among educators of the depth, and breadth of emotional concerns that many LD individuals live with. There needs to be more communication between the mental health and education communities in this country, so that both can come to a deeper understanding of what it is to be an LD adult. Different organizations like the Learning Disabilities Association of America, the American Psychiatric Association, the American Psychological Association, the Orton Society, etc., need to work together to accomplish this. There needs to be some kind of connection between all the organizations that work with the learning disabled.

"I do not believe that we can come up with a simple diagnostic technique, one that can be given as a questionnaire. We could come up with something that screens for learning disabilities, and could find those who could benefit from further testing. I do not think we can create something as complex as diagnostic testing that can be administered, scored, and interpreted by computer.

"However, I believe it may be possible in the near future to develop a diagnostic 'experience' that could be administered and scored by a computer by way of virtual reality. For example, if a child was thought to have an auditory figure ground problem, he or she could be assessed simply by having them stand on a treadmill equipped with a bicycle's handlebars, and donning a special helmet equipped with a color CRT and sound. The child would be told to find the little girl called Sue at the birthday party, and have a conversation with her. Then the helmet screen would project a life-like image of a child's birthday party, and the appropriate sounds would be pumped into the helmet. As the child moves its head, the 'virtual' vision and sound would change with the movement. The child could move about the 'room' by walking on the

treadmill and turning the handlebars. How long it takes the child to find Sue could be assessed, as could the conversation's comprehension, etc. All of this could be normed, and psychometrically developed."

Dr. Linda Reiten, University of Mary (Bismarck, ND):

"Although we come from diverse groups, it was amazing how quickly we could discuss and come to some equal footing in what we were talking about. Even though we quibbled over language and style, the essence of what we discussed has remained essentially the same. There has been very good communication here, and I have learned a great deal. As a result, I have some ideas about working with Headstart and with literacy--because many parents of Headstart children are illiterate."

Ms. Carolyn Kidder, Reading Disabilities Specialist:

"Let us start listening to the LD and dyslexic adults directly and not just talk about them in their absence. I am very encouraged that there are professionals in attendance here who are self-identified as LD adults. However, to my knowledge, no one here has been through a literacy program; we have no LD adult here who has been in a community-based literacy center. We should be inviting some LD adults to this type of gathering, and we should be underwriting the cost.

"My dream is that organizations such as LDA (Learning Disabilities Association of America) would underwrite one hundred LD adults to come to Washington every other year and have a national adult literacy congress. These LD adults would run it, and they could invite Secretary Riley to come tell them what he is going to do for them."

Ms. Brenda Glass, Department of Corrections, Department of Education (FL):

"The money that is thought to be in Florida has not trickled down to the local program level. We use volunteers extensively in the Probationers' Educational Growth Program. This practice helps us make the most effective use of the funds that are available. Our greatest need in working with students with 'learning differences' is an accurate, effective, easy-to-administer and to evaluate instrument for determining specific problem areas.

Granted, trained teachers and expensive tests would be the ideal, but we are not working in the ideal world. We must do the best we can with what we have, and that does not include specialists in this area. Using information from this symposium, we will research methods and instruments for evaluating students. We hope to find an accurate, easily administered and interpreted instrument to use with our students. Our findings will then be disseminated to the 36 PEG programs throughout Florida."

Ms. Justine Maloney:

"As a representative of the consumer organization, I have learned that we have to reach out to our members with the fact that not all adults with learning disabilities go on to secondary education. We also need to reach out and include minorities.

"We also need to deal with work place literacy and mental health programs (we are trying to deal with the issue of mental health problems).

"In defense of the Learning Disabilities Association, a part of the difficulty lies in communication problems. We do a great deal of advocacy work in Washington, including contacting many agencies."

Ms. Susan Westberry, Supervisor, BEST Adult Education Program, Maury County Board of Education (Columbia, TN):

"I request that you maintain contact with the ones in the trenches to know what the barriers are that we need to overcome.

"And I have a question--what are we going to do so the good things we have done here do not fall through the cracks?"

Mr. Langner:

"I certainly hope that this project, LEAD 2000, produces a proceeding that will be widely disseminated to both adult education/literacy providers and to professionals in the field of adult learning disabilities. That will be an excellent start. As you know, in the proceeding there will be specific recommendations that you can implement for adults with learning disabilities. And after the dissemination of this proceeding, we will have a strong national network."

Ms. Maloney:

"I would recommend for those of us who are consumers that, although it is shorter to say 'LD' adults, we really are very much into people first."

Mr. Parker:

"We need to set a time line. If we do not have it together by 1995, we may miss our opportunity. I would say that the conference a year from now in D. C. would be an excellent opportunity. Get a group together to deal with the various kinds of legislation, particularly the Adult Education Act."

Dr. Laura Weisel:

"I am most concerned about three specific issues. First, the notion of outcomes. Service outcomes and learner outcomes need to be different, defined, and easily measured. Both of these outcomes will need to be 'customer-driven.' Data from these outcomes should be used to measure and monitor services, incentives for funding, tools for program managers, and used by all levels of staffing as feedback on how they are doing.

"How we view and work with literacy learners will need to be part of the discussion on outcomes. Empowerment and partnerships are easy words to say and difficult to translate into everyday service delivery. Ohio is making a great effort through a project called 'Building Collective Wisdom' in which 15 service sites will be working together to rethink how literacy is/can/should be provided.

"My second issue is about human resource development. When we look at our 'workforce' we should be very concerned. Human resource development is about defining the right job, finding the right people to do the job, ensuring that they have the right skills to do the job, that the right conditions exist for the job to be done, and that the job is completed in a timely manner. It will be difficult to think that literacy services can provide a service to individuals, communities, and businesses to improve the nation's workforce without first looking at our own...and doing something about it. This will take a long-range, strategic initiative that goes far beyond the current staff development efforts.

"Thirdly, since our learners/prospective learners do not live in a vacuum--neither can literacy services. I believe we need to think about 'systems' of services. Systems begin to work differently, get funded differently, plan differently, serve differently, and appeal to the more holistic idea that illiteracy is more than just a reading problem."

Mr. Rick McIntosh, Manager, Program Development and Training, The Literacy Initiative (Columbus, OH):

"I am anxious to return to Columbus and share what I have learned this weekend with my colleagues. I believe it is also important to share this information with the adult learners I work with on a daily basis. The outcomes of this project will definitely help these individuals achieve their personal goals."

Dr. Reiten:

"I think it is important for us also to look at what does not work. People disseminate information all of the time. One of the best in-services I ever attended was by somebody who started off the whole session with the world's worst in-service."

Dr. Weisel:

"I think we should celebrate our failures, because we have all done great hard work. If we do not look at them, we cannot figure out what we have learned."

Mr. Glenn Young, Board Member, Washington Coalition of Citizens with Disabilities (Seattle, WA):

"I have learned that people desire to get things done, and they struggle to do it. While all politics are global and people struggle on a local level, we have a missing cohesive--something that people can turn to as a legitimate housing force. While we struggle on a local level, we need a place from which to get information and support. This is a place which would reinforce our work.

"At times most of us feel like lone wolves. We have been out there struggling. We have been talking the talk, walking the walk.

But in a sense we feel as if we are fighting alone. This congress has proved that we are not alone; here we have found a representation of what is going on elsewhere.

"Unless we bring an understanding and eliminate the shame that seems to be attached to learning disabilities, we are not going to build the critical mass of consumers who can really make an impact. Right now, we need to work on eliminating the stigma associated with learning disabilities; we must urge both the learning disabled and others toward acceptance."

Ms. Susan Green:

"The Board of the National Institute for Literacy is just really beginning to get a foundation, but it is truly committed to making a difference. Federal constructs have been attempted to accomplish this kind of thing before, but there is the potential here--probably because of the collaboration between agencies. As a result, we can hope to make real progress.

"In terms of this meeting and further work of the grant, I am really looking forward to seeing what kind of an action agenda emerges from this meeting and how it reflects the work that all of you have done, which has been impressive to me."

Dr. Rose Kellerman, Director of Assessment, Vanguard Academy:

"One thing that I have not heard us address is the LD adult in college and community college and vocational and technical schools. As I have tried to find the right place for our students, I have hit barriers--with little things that the students could not do, so they were excluded from the programs. We need to look at students who are not allowed into certain training programs. And we need to address those training programs that claim to have met the guidelines but really are not LD training programs at all."

Ms. Nancie Payne, Vice President, National Association for Adults with Special Learning Needs, and owner, Payne & Associates:

"We are a society that diagnoses and funds weaknesses, but we can change that if we want to. I think we must have a concentration of strength-based models.

"Also, we need to create a safety zone. It is not safe for a

person with a learning disability to tell an employer about it. We need to assist adult learners to self-advocate in a positive way, as they move to the next level.

"And finally, we need the Employment and Training staff at the Department of Labor, the JOBS staff at Health and Human Services, and the appropriate folks from the Department of Education to sit at the table and do the same kind of integration and collaboration that we are doing here."

Dr. Richard Stiles, Adult Literacy Coordinator, Department of Education (CA):

"I appreciate being able to attend this conference. Thank you."

Dr. Josef Sanders, Modern Education Corporation (Tulsa, OK):

"The strongest link of all is to have a productive exchange of ideas. I have walked away with food for thought."

Ms. Phyllis Rich, Adult Education Director of Nevada:

"As an adult education practitioner, I will remember two things from our work at this conference. The first is reassurance that there are brilliant minds (members of LEAD 2000 Congress) representing many disciplines that are working on the issue of adults with learning problems. The second is confirmation that I am on track with the instrument that I am using to assess adults with learning disabilities, 'PowerPath.' The next time that I am out in the field working and feel isolated and unsure about how to deal with learning disabilities, I will remember the team assembled here and the tremendous value of what we can and will accomplish together in the future."

Mr. Robert Crawford, President, Life Development Institute (Phoenix, AZ):

"As a person who has the privilege of having a learning disability, I want to thank you for your humanity.

"Language needs to be introduced immediately to various education and work place initiatives which specifically mention people with disabilities, including people with learning disabilities.

"As a back-up, in case we cannot do that, we need to develop regular models that reflect the standards of American 2000.

"We need a direct service provision that is based on a holistic quality of life model which focuses on independent living skills, literacy and employment. In my mind, the ultimate goal has always been a national employment agency where people could go and receive literacy or post-secondary training in employment. This agency would have a support system that would allow students to relocate to other parts of the country and stay within that support system."

Mr. Barry Tronstad, Principal, Ventura Adult Education (CA):

"I feel good about the number of people working together. The potential for growth is incredible. We are not re-inventing the wheel but taking it and moving it in a positive direction with new technology and new ideas.

"Every time we get together more things happen and there is more awareness on a nationwide level. I am sure that we will make significant changes in the next couple of years."

Mr. Oscar Gomez, Diagnostic Specialist, Jones Learning Center, University of the Ozarks:

"We are all working together for the betterment of our friends, our students, our clients, our families, and we each have our own individual agendas. But working toward those goals, we are serving together to put all of our ideas, all our resources into one tool box. We can call this tool box an instrument, or assessment. We can take it and work it in such a way that any one of us can do the job we need to do; we can choose the tool that we need to use and do the job.

"We can do that by sharing together and working together. We have the ability to share with each other, send up a variety of ideas and see where they land and then put the pieces together to form a homogeneous unity. Thus, we can work together for the ultimate good."

Mr. Langner turned the meeting over to Dr. Alexander, who thanked the participants for attending the LEAD 2000 Congress. The conference was adjourned at 11:00 a.m.

LEAD 2000 CONGRESS RESOLUTION

WHEREAS, there is a national crisis because of the number of adults who are not sufficiently literate or educated to become independent wage earners and exercise the rights and responsibilities of citizenship in our name; and,

WHEREAS, nationally over forty percent of youths with learning disabilities drop out of school and should have access to education at the adult level; and,

WHEREAS, forty percent of the over forty-three million Americans with disabilities in the United States have not completed high school and should be addressed in adult education; there is little recognition or positive action on this fact by program and policymakers; and,

WHEREAS, Goal 5 of the National Goals of Education states, "By the year 2000 every adult American will possess the knowledge and skills necessary to compete in a global economy and exercise the rights and responsibilities of citizenship"; and,

WHEREAS, for over three million Americans in adult education, federal funding provides only an average of less than $100.00 per person; and,

WHEREAS, the United States Department of Education has erroneously assumed the volunteer tutoring force and part-time programs available at this time are going to be able to meet the educational needs of adults with learning disabilities, many of whom require highly trained teachers.

NOW, THEREFORE, we resolve that the United States Department of Education should:

(1) Establish a formal national policy for lifelong learning needs and education of adults with learning disabilities.

(2) Establish a reasonable funding level for the education of adults with learning disabilities.

(3) Establish consistency and continuity among all government agencies in relation to service delivery and recognition of the needs of adults with learning disabilities.

(4) Establish interagency task forces to provide effective program linkage between Health and Human Services, Department of Labor, and Department of Education, and

other federal agencies impacting adults with learning disabilities that will create a coordinated system of lifelong learning for all Americans, including adults with learning disabilities.

(5) Establish research, funding, and dissemination of information of adult education programs that have a proven track record of success.

Dated this _____ day of March, 1993.

UNIVERSITY OF THE OZARKS
CLARKSVILLE, ARKANSAS

By: _____
Judith P. Alexander, Ph.D.
Vice President for Academic Affairs
and Project Director, LEAD 2000

ACTION AGENDA

From the LEAD 2000 Congress Proceedings, let it be determined that by the year 2000 A.D., the following action should be completed in regards to adults with learning disabilities in the United States. This action should be instituted in order to address the needs of forty percent of over forty-three million adult Americans with learning disabilities in this country and should likewise be promoted in order to fulfill Goal 5 of the National Goals of Education: "By the year 2000 every adult American will possess the knowledge and skills necessary to compete in a global economy and exercise the rights and responsibilities of citizenship."

I. Develop, promote, and administer standardized, uniform assessment.

   A. Require testing for learning disabilities at adult literacy centers (including schools and prisons).

   B. Develop and distribute uniform test packets at state and local centers.

   C. Develop tests that are transdisciplinary; easily administered by trained persons; diagnostic, descriptive, and valid; simple, yet computer-based; free of racial or cultural bias; easily accessible; and affordable.

   D. Have trained personnel explain tests and results, emphasizing self-advocacy.

II. Establish a national clearinghouse, which will:

   A. File and store historical/medical/cultural information regarding learning disabilities.

   B. Categorize all educational material on learning disabilities.

C. Catalogue current research (projects and results).

D. Inform others of all pertinent laws.

E. Codify learning disabilities programs.

F. Distribute assessment materials.

G. Disseminate techniques for remediation.

H. Establish communication with learning and literacy centers throughout the United States.

I. Serve as a repository for all pertinent information.

III. Establish a national learning center, which will:

A. Conduct on-site classes, training both teachers and learning disabilities specialists.

B. Prepare training/assessment packages to be distributed by clearinghouse.

C. Determine feasibility of mobile assessment/remediation/training centers.

D. Provide mobile diagnostic/training centers (if deemed feasible).

E. Send assessment and remediation specialists out to train others.

F. Through work with trainees, maintain contact with learning and literacy centers, prisons, work places, libraries, schools, and others involved in teaching the learning disabled.